

REQUEST FOR ZONING VERIFICATION

Please Print All Information

APPLICANT INFORMATION (The Zoning Verification will be mailed to this address)										
NAME										
COMPANY										
MAILING ADDRESS										
PHONE				EMAIL						
PROPERTY INFORMATION (Zoning Verification for the following)										
TAX MAP PARCEL#										
PROPERTY LOCATION										
APPLICANTS SIGNATURE						DA	ГЕ			
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TOWN USE	ONLY (NOT V	ALID WITHOUT TOV	VN SEAL)							
CURRENT ZONING										
TOWN OFFICAL	,									

PRINT NAME

DATE

SIGNATURE